



# A Balanced Approach to Long-Term Services and Supports

For older adults and persons with disabilities



***CoA: Turning  
Research into Action***

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CT Commission on Aging

# Legislative Commission on Aging

Non-partisan, objective, results-oriented

- Created in 1993
- CT General Statutes 17b-420
- Statute modified in 2009 to imbed RBA
- Independent, citizen-driven
- Off the Legislative Branch of Government



## CoA Mission

*prepares the state for an aging population,  
serves as an objective, credible source of  
information on issues affecting older adults of  
today and tomorrow, and provides  
accountability within state government.*



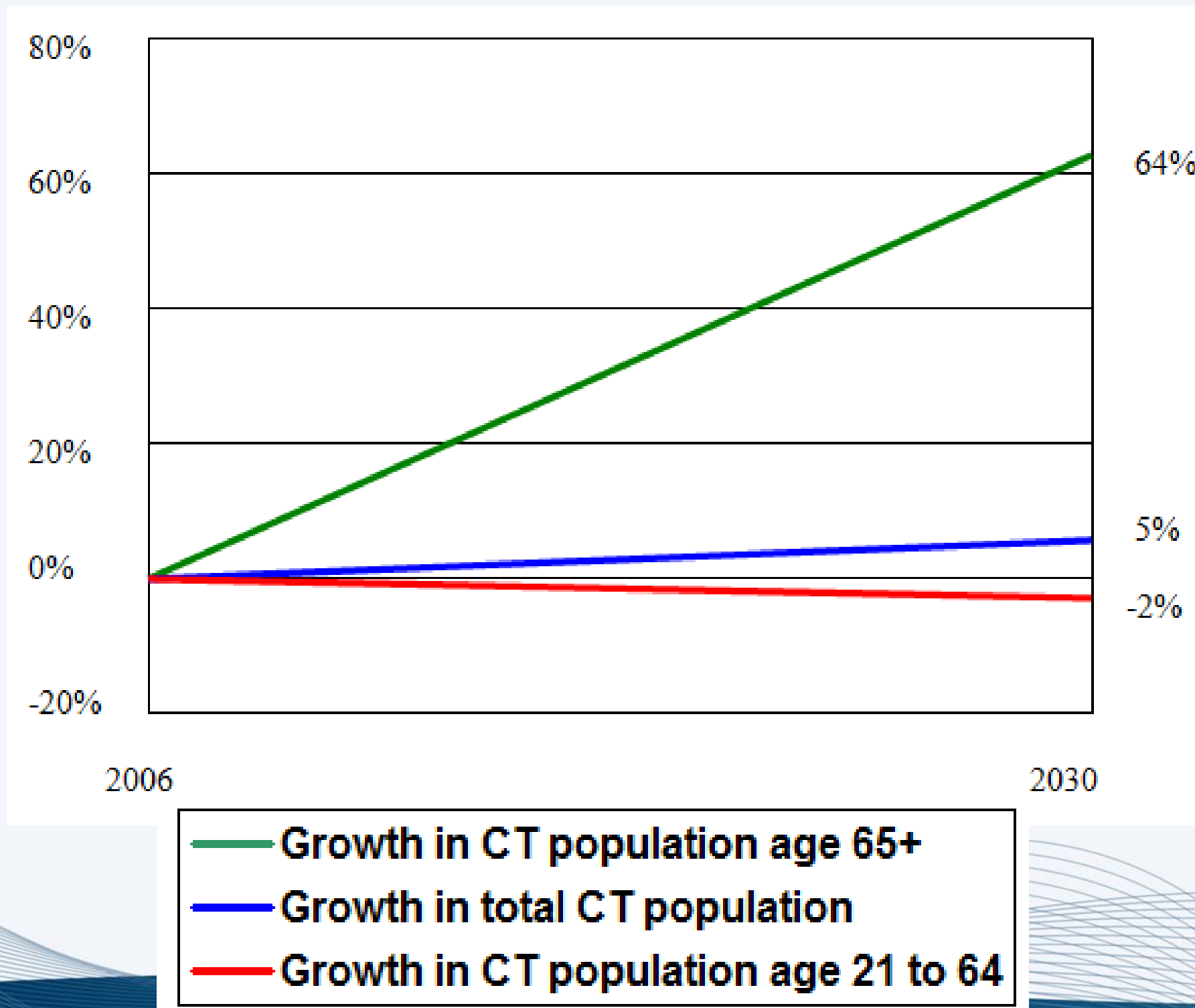
# *Graying Demographics*

## *In Connecticut*

From the 2010 US Census ~ Connecticut Facts

- CT: 7th oldest state for median age (age 40, compared to a national median age of 37.2).
- CT: 65+ ~ 506,559 out of a population of 3,574,097. represents 14.2% of the population, (compared to 13% nationally).
- 85+ ~ represents 2.4% of CT's population, one of the highest rates in the nation (national = 1.8%).
- By 2030: the 65+ population will increase by 64%

# Graying Demographics



# The Impact of an Aging and Long-lived Demographic on Local, State and National Government is **tremendous!**

## ***LTSS Medicaid Expenditures***

**\$2.4 Billion**

set to more than double by 2025 (without action)

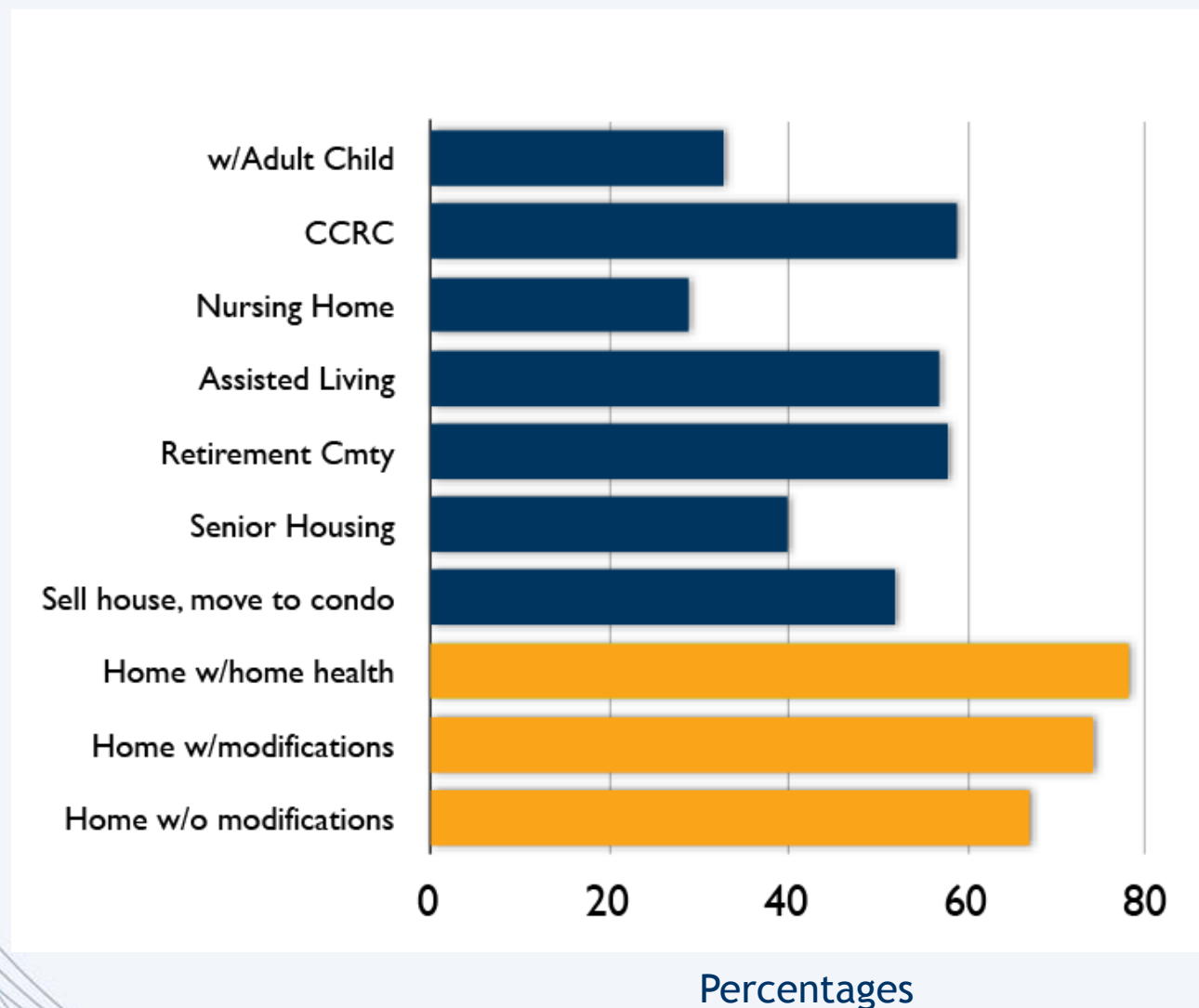
- 14% of overall state budget
- 49% of the entire DSS budget
- 47% of the Medicaid budget



# Long-Term Services and Supports Reform or “Rebalancing”

- honors individuals’ rights and their desires - 80% of CT residents want to age in their homes and communities
- is consistent with US Supreme Court Olmstead Decision and Connecticut law (05-14) **people have the right to choose and receive care in the least restrictive environment.**
- CT would save hundreds of millions of dollars every year - if we had a more progressive system

# Connecticut's Residents Expect to Stay in Their Homes and Communities



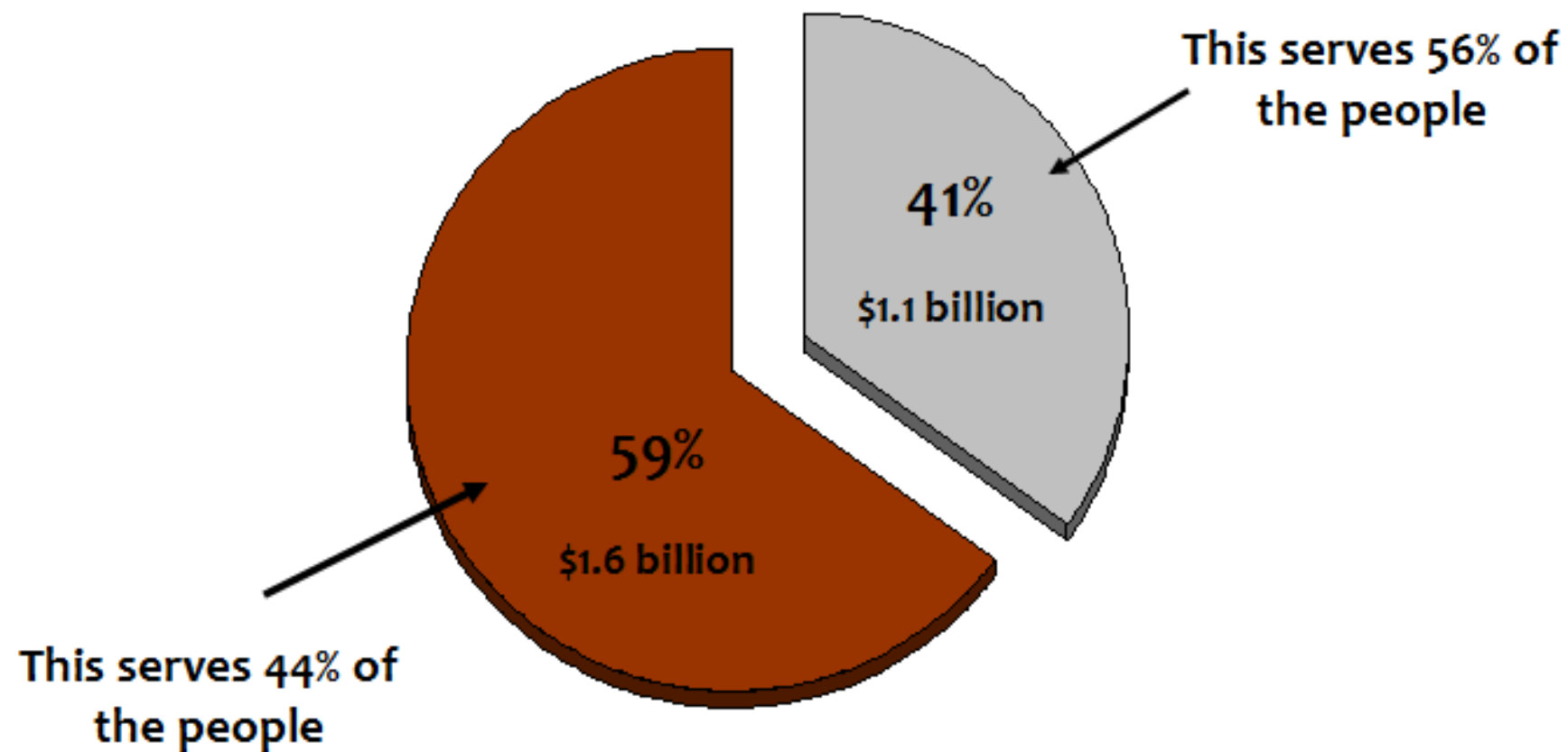
- 80% of people expect to stay in their homes (and communities)
- Living with an adult child is just slightly more appealing than moving to a nursing home

# “Rebalancing”

*Changing the focus and funding priorities to home and community-based supports.*

FY '12

- Medicaid HCBS Expenditures
- Medicaid Institutional Care Expenditures





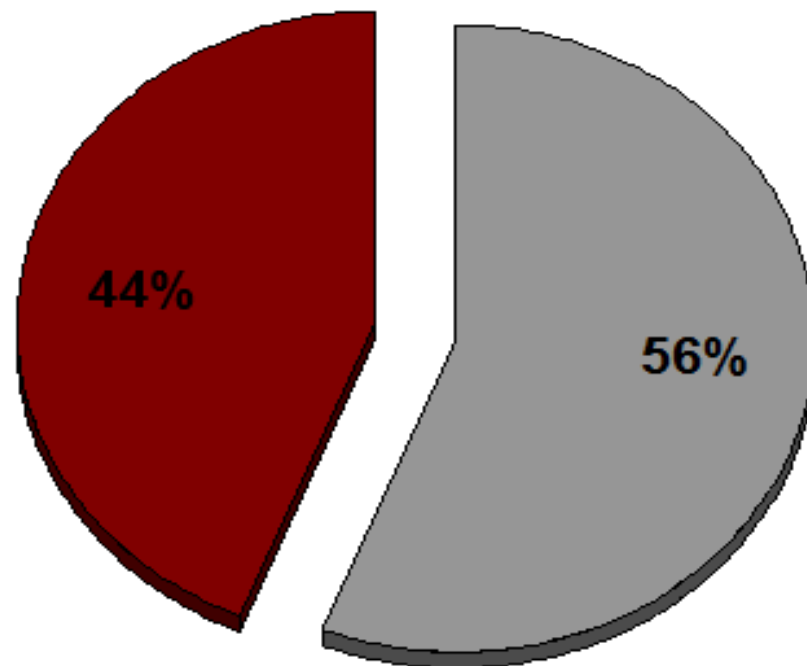
# GOAL: % of People in CT Receiving Medicaid LTSS HCBS vs. Institutional Care

% of People Receiving Long-Term Care  
HCBS vs. Institutional Care

**FY 2012**

● Home and Community-Based Services (HCBS)

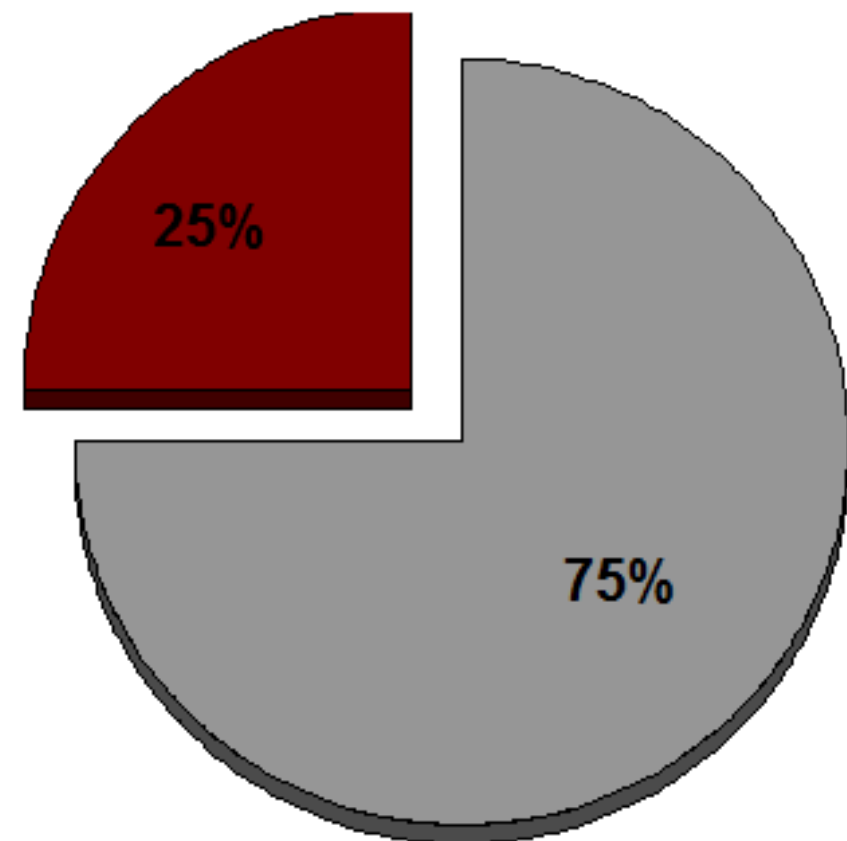
● Institutional Care



**CT Rebalancing Goals by 2025**

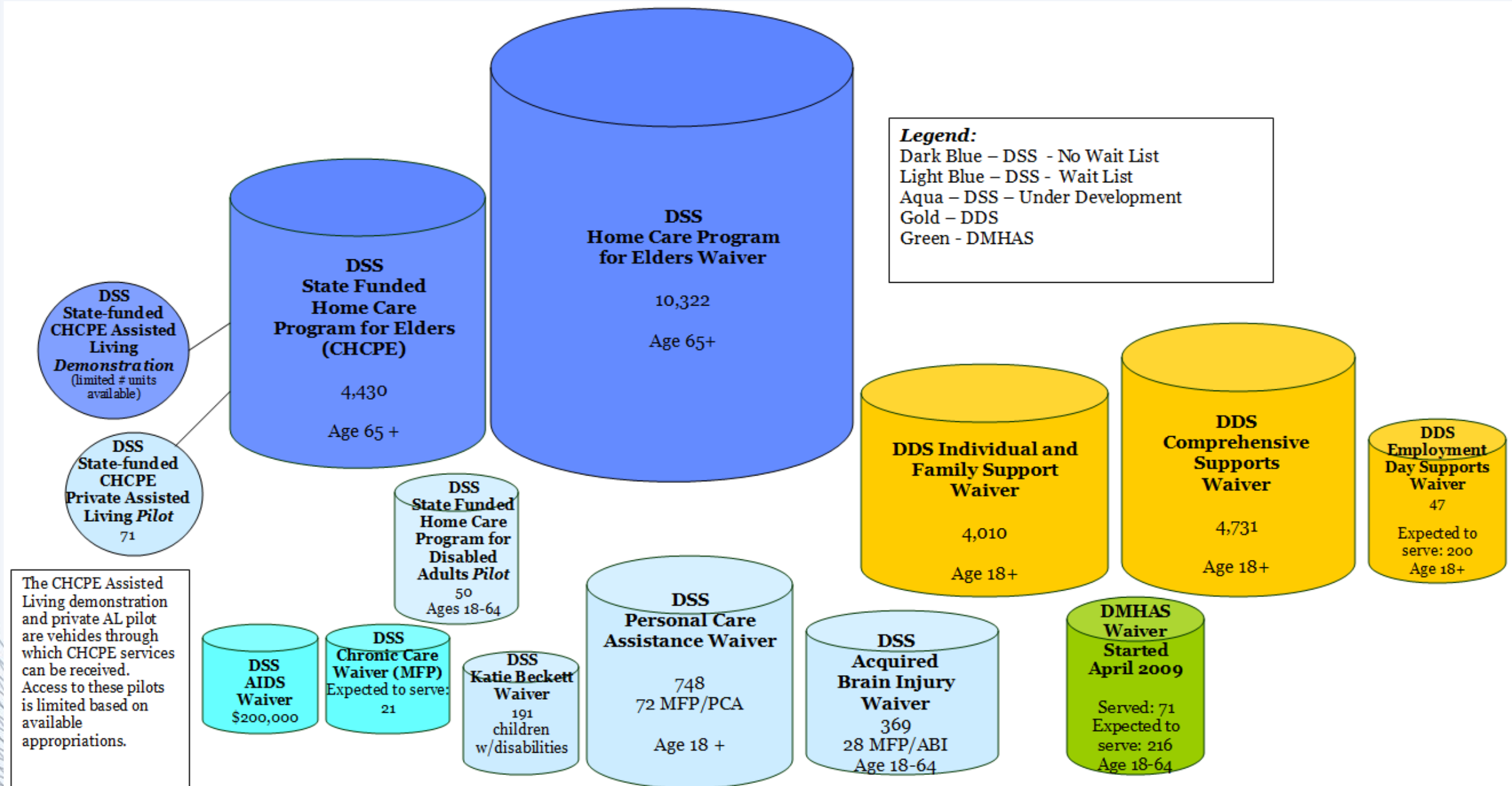
● Home and Community-Based Services (HCBS)

● Institutional Care



# Break Down the Silos

To utilize Medicaid to pay for HCBS, you must fit into one of these narrowly focused waivers



# **Affordable Care Act: Rebalancing Opportunities**

**Balancing Incentive Program (BIP):** 2% additional FMAP for CT on total LTSS HCBS = \$72.8 million for CT

Three commitments

1. No Wrong Door/Single Point of Entry
2. Conflict-free Case Management
3. Core Standardized Assessment Tool

BIP Application approved December.

**Extension of Money Follows the Person:** Extends MFP demonstration until 2016 (funding through 2020)



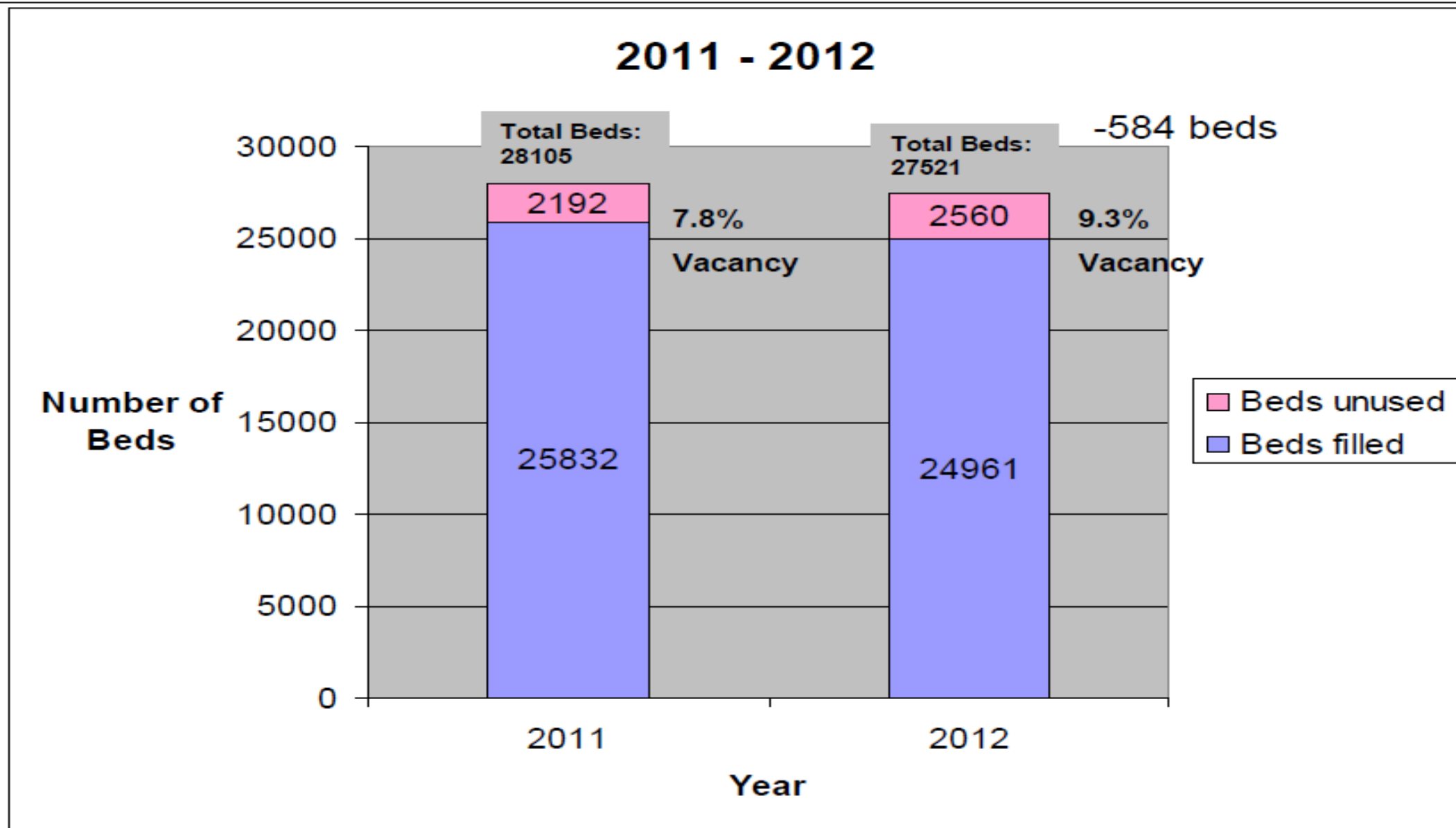
# Money Follows the Person

## Five Major Benchmarks

- Increase \$ spent on home and community based services
- Increase the number of people living in the community
- Increase the number of hospital discharges to the community
- Increase the probability of people returning to the community
- Transition 5,200 people from institutions to the community

# NF Vacancy Rate Changes

## Institutional Bed Vacancy Rate



Source: DSS, Dawn Lambert presentation to the  
Aging in Place Task Force, Sept. 2012

# **Affordable Care Act: Rebalancing Opportunities**

## **Community First Choice:**

Establishes a new state plan option in Medicaid to provide community-based attendant supports and services to individuals with disabilities.

6% increased federal match

## **1915(i) State Plan Option:**

Gives states option to create a new Medicaid eligibility category for individuals who receive HCBS even if they do not meet the requirements for institutional level of care.



# **Affordable Care Act: Rebalancing Opportunities**

## **Community-Based Care Transition Program:**

### **Two grants awarded in CT**

- **CT Community Care Inc, working with 10 hospitals in north-central and eastern CT**
- **Agency on Aging of South Central CT, working with 2 hospitals in south-central CT**

## **Aging and Disability Resource Centers – additional funding opportunities**

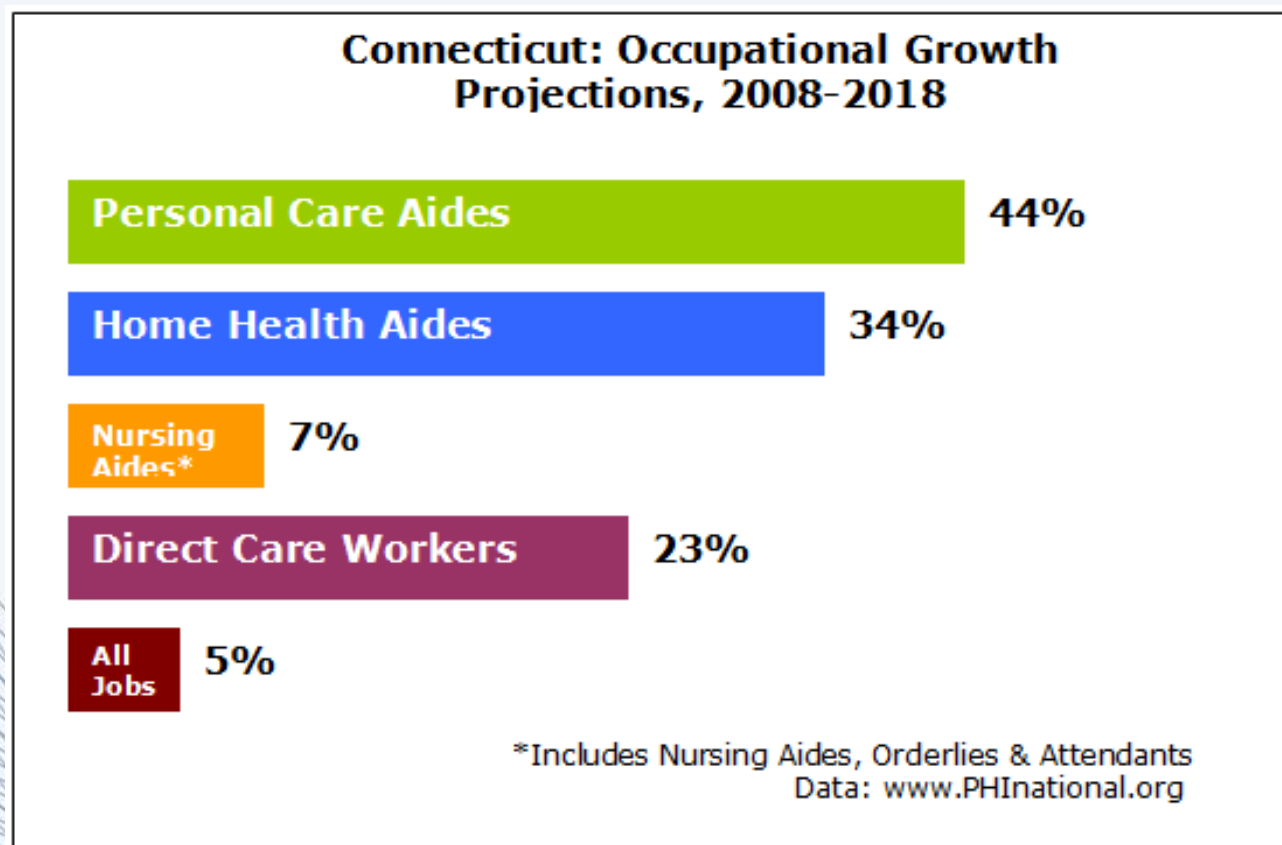
## **MME Integrated Care Demonstration**

## **Patient Centered Medical Homes**

# Direct Care Workforce Development

9,000 new direct care workers needed to meet the demand!

- Development of 5-year strategic plan
- Support, train, retain both paid and unpaid workers
- Move state forward on action steps of plan
- PARTNERSHIP key to success



# Workforce Development

- Need focused efforts to recruit, train, retain and support paid and unpaid caregivers is critical
- Must support find ways of providing support and training to unpaid caregivers

Estimated economic value of unpaid caregivers in CT... \$5.8 billion

*Without a focused, coordinated approach, lack of caregivers WILL stall rebalancing*



# Workforce Development

- *\$450,000 appropriated in FY '13 budget for workforce development initiatives associated with MFP*
- *Communication plan under-development*
- *Funding appropriated for training/re-training*

**For more information:**



**Contact the**

**CT Commission on Aging**

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